

SERFF Tracking Number: ARKS-125445606 State: Arkansas
Filing Company: 18767 - CHURCH MUTUAL INSURANCE CO State Tracking Number: #385319 \$50
Company Tracking Number: ICP-24
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Commerical Package
Project Name/Number: /

Filing at a Glance

Company: 18767 - CHURCH MUTUAL INSURANCE CO

Product Name: Commerical Package

SERFF Tr Num: ARKS-125445606 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability &
Non-Liability

SERFF Status: Closed

State Tr Num: #385319 \$50

Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: ICP-24

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author:

Disposition Date: 02/06/2008

Date Submitted: 01/22/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):
03/01/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/06/2008

State Status Changed: 02/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Company and Contact

Filing Contact Information

SERFF Tracking Number: ARKS-125445606 State: Arkansas
Filing Company: 18767 - CHURCH MUTUAL INSURANCE CO State Tracking Number: #385319 \$50
Company Tracking Number: ICP-24
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Commerical Package
Project Name/Number: /

NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

18767 - CHURCH MUTUAL INSURANCE CO	CoCode: 18767	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

SERFF Tracking Number:	ARKS-125445606	State:	Arkansas
Filing Company:	18767 - CHURCH MUTUAL INSURANCE CO	State Tracking Number:	#385319 \$50
Company Tracking Number:	ICP-24		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-	Sub-TOI:	05.0000 CMP Sub-TOI Combinations
	Liability		
Product Name:	Commerical Package		
Project Name/Number:	/		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number: ARKS-125445606 *State:* Arkansas
Filing Company: 18767 - CHURCH MUTUAL INSURANCE CO *State Tracking Number:* #385319 \$50
Company Tracking Number: ICP-24
TOI: 05.0 Commercial Multi-Peril - Liability & Non- *Sub-TOI:* 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Commerical Package
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/06/2008	02/06/2008

SERFF Tracking Number:	ARKS-125445606	State:	Arkansas
Filing Company:	18767 - CHURCH MUTUAL INSURANCE CO	State Tracking Number:	#385319 \$50
Company Tracking Number:	ICP-24		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0000 CMP Sub-TOI Combinations
Product Name:	Commerical Package		
Project Name/Number:	/		

Disposition

Disposition Date: 02/06/2008
Effective Date (New): 03/01/2008
Effective Date (Renewal): 03/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125445606 State: Arkansas
Filing Company: 18767 - CHURCH MUTUAL INSURANCE CO State Tracking Number: #385319 \$50
Company Tracking Number: ICP-24
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Commerical Package
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125445606		No

SERFF Tracking Number:	ARKS-125445606	State:	Arkansas
Filing Company:	18767 - CHURCH MUTUAL INSURANCE CO	State Tracking Number:	#385319 \$50
Company Tracking Number:	ICP-24		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-	Sub-TOI:	05.0000 CMP Sub-TOI Combinations
	Liability		
Product Name:	Commerical Package		
Project Name/Number:	/		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125445606 State: Arkansas
Filing Company: 18767 - CHURCH MUTUAL INSURANCE CO State Tracking Number: #385319 \$50
Company Tracking Number: ICP-24
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Commerical Package
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125445606

02/06/2008

Comments:

Attachment:

ARKS-125445606.pdf

January 10, 2008

CK#385319

\$ 50

ARKS-125445606



HONORABLE JULIE BENAFIELD BOWMAN
COMMISSIONER OF INSURANCE
ARKANSAS DEPARTMENT OF INSURANCE
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RE: Independent Commercial Package Institutional Program
Church Mutual Insurance Company
Form Filing
NAIC No. 18767
CMIC No. ICP-24

RECEIVED

JAN 22 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Dear Commissioner Benafield Bowman:

Church Mutual Insurance Company has its Independent Commercial Package Institutional Program currently on file with your department. As required, we are amending the rule by separate letter.

Effective March 1, 2008, for new and renewal business, we request your approval to use the following:

FORM:

A 1001 (01-08) Identity Recovery Coverage Form.

This form is available to our insureds at no additional charge and provides expense reimbursement for costs associated with identity recovery subject to a limit of \$15,000 on an aggregate basis.

An additional copy of this filing is included for you to indicate your approval and return in the enclosed, self-addressed envelope.

If you have any questions, please call me at (800) 554-2642, select Option 4, and enter Extension 4594.

Sincerely,

Donna J. Cleveland

Donna J. Cleveland, CPCU
Director--Commercial Lines

clw.8

Enclosures: \$50 Filing Fee
PC TD-1 (Revised 3/1/07)
PC FFS-1 (3/1/07)
Index of Forms and Endorsements
A 1001 (01-08)
Self-Addressed, Stamped Envelope

Approved until withdrawn
or revoked

FEB 06 2008

Arkansas Insurance Department
By: *AK*

Property & Casualty Transmittal Document

<div style="background-color: black; color: white; text-align: center; padding: 2px; font-weight: bold;">1. Reserved for Insurance Dept. Use Only</div> <p style="text-align: center; margin-top: 20px;">Approved until withdrawn or revoked</p> <p style="text-align: center; font-size: 1.2em; margin-top: 10px;">FEB 06 2008</p> <p style="text-align: center; margin-top: 10px;">Arkansas Insurance Department By: <i>LR</i></p>	<div style="background-color: black; color: white; text-align: center; padding: 2px; font-weight: bold;">2. Insurance Department Use Only</div> <p>a. Date the filing is received: _____</p> <p>b. Analyst: _____</p> <p>c. Disposition: _____</p> <p>d. Date of disposition of the filing: _____</p> <p>e. Effective date of filing: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> <p>f. State Filing #: _____</p> <p>g. SERFF Filing #: _____</p> <p>h. Subject Codes _____</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Church Mutual Insurance Company	WI	18767	39-0712210	
			RECEIVED	
			JAN 22 2008	

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

5. Company Tracking Number	ICP-24
-----------------------------------	--------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Donna J. Cleveland, CPCU	Director--- Commercial Lines	800-554-2642, Option 4, Ext. 4594	715-539-4409	Dcleveland@church mutual.com
7.	Signature of authorized filer		<i>Donna J. Cleveland</i>		
8.	Please print name of authorized filer		Donna J. Cleveland, CPCU		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.0 CMP Liability and Non Liability
10. Sub-Type of Insurance (Sub-TOI)	05.0000 CMP Sub TOI Combinations
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Independent Commercial Package Institutional Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 03/01/08 Renewal: 03/01/08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A	
17.	Reference Organization # & Title	N/A	
18.	Company's Date of Filing	January 10, 2008	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	ICP-24
------------	--	--------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

Church Mutual Insurance Company has its Independent Commercial Package Institutional Program currently on file with your department.

Effective March 1, 2008, for new and renewal business, we request your approval to use the following:

FORMS

A 1001 (01-08) Identity Recovery Coverage Form.

This form is available to our insureds at no additional charge and provides expense reimbursement for costs associated with identity recovery subject to a limit of \$15,000 on an aggregate basis.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 385319</p> <p>Amount: \$50</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		ICP-24		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		ICP-24		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Identity Recovery Coverage Form	A 1001 (01-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

	<u>Form</u>	<u>Ed. Date</u>
*ADDITIONAL COVERAGES (Cont.)		
Modified Replacement Cost	A 113	5-89
Worldwide Coverage	A 114	6-87
Refrigerated Food Products	A 115	6-87
Ordinance or Law Coverage	A 116.1	04-06
Coverage Extensions and Additional Coverages - Limit of Insurance	A 117.1	5-89
Antennas - Limit of Insurance	A 121	01-98
Coverage Extensions - Building Ordinance	A 122	01-01
Cemetery Endorsement	A 123	6-87
Outdoor Fences and Retaining Walls - Limit of Insurance	A 124	01-98
* Identity Recovery Coverage Form	A 1001	01-08

CAUSES OF LOSS

Causes of Loss - Basic Form	A 125	04-06
Causes of Loss - Broad Form	A 126	04-06
Causes of Loss - Special Form	A 127	04-06
Causes of Loss - Earthquake Form	A 128	01-98
Sprinkler Leakage - Earthquake Extension	A 129	6-87
Earthquake Inception Extension	A 130	6-87
Theft Exclusion	A 131	01-98
Windstorm or Hail Exclusion	A 132.1	04-06
Vandalism Exclusion	A 132.2	04-06
Sprinkler Leakage Exclusion	A 132.3	04-06
Glass Limitation - Broad Causes of Loss	A 133	6-87
Glass Limitation - Special Causes of Loss	A 134	6-87
Additional Covered Cause of Loss - Theft	A 135	6-87

GENERAL ENDORSEMENTS

Protective Safeguards	A 136	01-98
Burglary and Robbery Protective Systems	A 137	01-01
Loss Payable Provisions	A 138	01-98

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**IDENTITY RECOVERY COVERAGE FORM
IDENTITY THEFT CASE MANAGEMENT SERVICE AND EXPENSE REIMBURSEMENT**

The following is added to the Property Coverage Part:

IDENTITY RECOVERY COVERAGE

We will provide the Case Management Service and Expense Reimbursement Coverage indicated below if all of the following requirements are met:

1. There has been an "identity theft" involving the personal identity of an "identity recovery insured" as defined in this coverage form; and
2. Such "identity theft" is first discovered by the "identity recovery insured" during the period for which this Identity Recovery Coverage is applicable; and
3. Such "identity theft" is reported to us within 60 days after it is first discovered by the "identity recovery insured."

If all three of the requirements listed above have been met, then we will provide the following to the "identity recovery insured":

1. Case Management Service

Services of an "identity recovery case manager" as needed to respond to the "identity theft"; and

2. Expense Reimbursement

Reimbursement of necessary and reasonable "identity recovery expenses" incurred as a direct result of the "identity theft."

This coverage is additional insurance.

EXCLUSIONS

The following additional exclusions apply to this coverage:

We do not cover loss or expense arising from any of the following.

1. The theft of a professional or business identity.
2. Any fraudulent, dishonest or criminal act by an "identity recovery insured" or any person aiding or abetting an "identity recovery insured", or by any

authorized representative of an "identity recovery insured", whether acting alone or in collusion with others. In all these cases, it does not matter whether the individual is acting alone or in collusion with others. However, this exclusion shall not apply to the interests of an "identity recovery insured" who has no knowledge of or involvement in such fraud, dishonesty or criminal act.

3. An "identity theft" that is not reported in writing to the police.

LIMITS

Case Management Service is available as needed for any one "identity theft" for up to 12 consecutive months from the inception of the service. Expenses we incur to provide Case Management Service do not reduce the amount of limit available for Expense Reimbursement coverage.

Expense Reimbursement coverage is subject to a limit of \$15,000 annual aggregate per "identity recovery insured." Regardless of the number of claims, this limit is the most we will pay for the total of all loss or expense arising out of all "identity thefts" to any one "identity recovery insured" which are first discovered by the "identity recovery insured" during a 12-month period starting with the beginning of the present annual coverage form period. If an "identity theft" is first discovered in one coverage form period and continues into other coverage form periods, all loss and expense arising from such "identity theft" will be subject to the aggregate limit applicable to the coverage form period when the "identity theft" was first discovered.

Legal costs as provided under Item d. of the definition of "identity recovery expenses" are part of, and not in addition to, the Expense Reimbursement coverage limit.

Item e. (Lost Wages) and Item f. (Child and Elder Care Expenses) of the definition of "identity recovery expenses" are jointly subject to a sublimit of \$5,000. This sublimit is part of, and not in addition to, the

Expense Reimbursement coverage limit. Coverage is limited to wages lost and expenses incurred within 12 months after the first discovery of the "identity theft" by the "identity recovery insured."

Item g. (Mental Health Counseling) of the definition of "identity recovery expenses" is subject to a sublimit of \$1,000. This sublimit is part of, and not in addition to, the Expense Reimbursement coverage limit. Coverage is limited to counseling that takes place within 12 months after the first discovery of the "identity theft" by the "identity recovery insured."

Item h. (Miscellaneous Unnamed Costs) of the definition of "identity recovery expenses" is subject to a sublimit of \$1,000. This sublimit is part of, and not in addition to, the Expense Reimbursement coverage limit. Coverage is limited to costs incurred within 12 months after the first discovery of the "identity theft" by the "identity recovery insured."

DEDUCTIBLE

Case Management Service is not subject to a deductible.

Expense Reimbursement coverage is not subject to a deductible.

ADDITIONAL CONDITIONS

The following additional conditions apply in addition to the Common Policy Conditions and the Property Conditions:

A. Assistance and Claims

For assistance, the "identity recovery insured" should call the toll-free number provided.

The toll-free number can provide the "identity recovery insured" with:

1. Information and advice on how to respond to a possible "identity theft"; and
2. Instructions on how to submit a service request for Case Management Service and/or a claim form for Expense Reimbursement Coverage.

In some cases, we may provide Case Management services at our expense to an "identity recovery insured" prior to a determination that a covered "identity theft" has occurred. Our provision of such services is not an admission of liability under the coverage form. We reserve the right to deny

further coverage or service if, after investigation, we determine that a covered "identity theft" has not occurred.

As respects Expense Reimbursement Coverage, the "identity recovery insured" must send to us, within 60 days after our request, receipts, bills or other records that support his or her claim for "identity recovery expenses."

B. Services

The following conditions apply as respects any services provided by us or our designees to any "identity recovery insured" under this endorsement:

1. Our ability to provide helpful services in the event of an "identity theft" depends on the cooperation, permission and assistance of the "identity recovery insured."
2. All services may not be available or applicable to all individuals. For example, "identity recovery insureds" who are minors or foreign nationals may not have credit records that can be provided or monitored. Service in Canada will be different from service in the United States and Puerto Rico in accordance with local conditions.
3. We do not warrant or guarantee that our services will end or eliminate all problems associated with an "identity theft" or prevent future "identity thefts."

DEFINITIONS

With respect to the provisions of this coverage form only, the following definitions are added:

1. "Identity Recovery Case Manager" means one or more individuals assigned by us to assist an "identity recovery insured" with communications we deem necessary for re-establishing the integrity of the personal identity of the "identity recovery insured." This includes, with the permission and cooperation of the "identity recovery insured," written and telephone communications with law enforcement authorities, governmental agencies, credit agencies and individual creditors and businesses.
2. "Identity Recovery Expenses" means any of the following when they are reasonable and

necessary expenses that are incurred as a direct result of an "identity theft":

- a. Costs for re-filing applications for loans, grants or other credit instruments that are rejected solely as a result of an "identity theft."
- b. Costs for notarizing affidavits or other similar documents, long distance telephone calls and postage solely as a result of your efforts to report an "identity theft" or amend or rectify records as to your true name or identity as a result of an "identity theft."
- c. Costs for credit reports from established credit bureaus.
- d. Costs for an attorney approved by us for the following.
 - (1) The defense of any civil suit brought against an "identity recovery insured."
 - (2) The removal of any civil judgment wrongfully entered against an "identity recovery insured."
 - (3) Legal assistance for an "identity recovery insured" at an audit or hearing by a governmental agency.
 - (4) Legal assistance in challenging the accuracy of the "identity recovery insured's" consumer credit report.
 - (5) The defense of any criminal charges brought against an "identity recovery insured" arising from the actions of a third party using the personal identity of the "identity recovery insured."
- e. Actual lost wages of the "identity recovery insured" for time reasonably and necessarily taken away from work and away from the work premises. Time away from work includes partial or whole work days. Actual lost wages may include payment for vacation days, discretionary days, floating holidays and paid personal days. Actual lost wages does not include sick days or any loss arising from time taken away from self employment. Necessary time off does not include time off to do tasks that could reasonably have been done during non-working hours.

- f. Actual costs for supervision of children or elderly or infirm relatives or dependants of the "identity recovery insured" during time reasonably and necessarily taken away from such supervision. Such care must be provided by a professional care provider who is not a relative of the "identity recovery insured."
- g. Actual costs for counseling from a licensed mental health professional. Such care must be provided by a professional care provider who is not a relative of the "identity recovery insured."
- h. Any other reasonable costs necessarily incurred by an "identity recovery insured" as a direct result of the "identity theft." Such costs include:

- (1) Costs by the "identity recovery insured" to recover control over his or her personal identity.
- (2) Deductibles or service fees from financial institutions.

Such costs do not include:

- (3) Costs to avoid, prevent or detect "identity theft" or other loss.
- (4) Monies lost or stolen.
- (5) Costs that are restricted or excluded elsewhere in this endorsement or coverage form.

3. "Identity Recovery Insured" means the following:

- a. When the entity insured under this coverage form is a religious institution, school or college, camp, or senior living facility the "identity recovery insureds" are:
 - (1) All clergy employed by such entity; and
 - (2) The religious institution business administrator, the head school or college administrator, camp director, or senior living administrator of such entity.
- b. "Identity recovery insured" also includes residents of the household of anyone qualifying as an "identity recovery insured" under Section a. above, provided such individuals are:

- (1) Relatives of the person qualifying as an "identity recovery insured" under Section a. above ; or
 - (2) Under the age of 21 and in the care of the person qualifying as an "identity recovery insured" under Section a. above.
- c. When the entity insured under this coverage form is not a religious institution, school or college, camp, or senior living facility, then the definition of "identity recovery insured" depends on the ownership structure of the entity as follows:
- (1) When the entity insured under this coverage form is a sole proprietorship, the "identity recovery insured" is the individual person who is the sole proprietor of the insured entity.
 - (2) When the entity insured under this coverage form is a partnership, the "identity recovery insureds" are the current partners.
 - (3) When the entity insured under this coverage form is a corporation or other organization, the "identity recovery insureds" are all individuals having an ownership position of 20% or more of the insured entity. However, if and only if, there is no one who has such an ownership position, then the "identity recovery insured" shall be the executive director of the insured entity.

An "identity recovery insured" must always be an individual person. The entity insured under this coverage form is not an "identity recovery insured."

4. "Identity Theft" means the fraudulent use of the social security number or other method of identifying an "identity recovery insured." This includes fraudulently using the personal identity of an "identity recovery insured" to establish credit accounts, secure loans, enter into contracts or commit crimes.

"Identity theft" does not include the fraudulent use of a business name, d/b/a or any other method of identifying a business activity.

All other provisions of this coverage form apply.